



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last)	(First) (Middle)	TELEPHONE
HOAG	John Stevens Keali'iwahamana	808-293-6466
MAILING ADDRESS (Street)		FAX
55-510 Kamehameha Highway		808-293-6561
(City)	(State)	(Zip Code)
Laie	Hawaii	96762
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE
MAILING ADDRESS (Street)		FAX
(City)		(State)
(City)		(State)

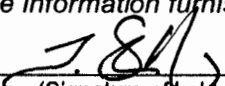
<b>PART II ORGANIZATION</b>	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Reserves, Inc.	808-293-9201
MAILING ADDRESS (Street)	FAX
55-510 Kamehameha Highway	808-293-6456
(City)	(State)
Laie	Hawaii
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	
Jace McQuivey	808-293-6431
MAILING ADDRESS (Street)	FAX
55-510 Kamehameha Highway	808-293-6531
(City)	(State)
Laie	Hawaii

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

2/22/05  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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R. Eric Beaver

President & CEO

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Reserves, Inc.

808-293-9201

MAILING ADDRESS (Street)

FAX

55-510 Kamehameha Highway

808-293-6456

(City)

(State)

(Zip Code)

Laie

Hawaii

96762

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

  
(Signature of Authorizing Officer or Person Represented)

2/23/05  
(Date)